

## **I. PURPOSE:**

To provide policy and procedural instructions for reporting unusual incidents to the Department of Health Office of Risk Management (DOHORM) and the Office of the Director of the Department of Health, as defined below:

## **II. SCOPE**

The contents of this Issuance are applicable to all elements of the Department of Health (DOH), including staff and volunteers.

The contents of this Issuance shall be applicable to all contractors or grantees (1) who are responsible for providing direct services to the staff or clients of DOH and (2) who have a contractual or grant provision that requires that they comply with this Issuance.

## **III. AUTHORITY**

Reorganization Plan No. 4 of 1996; D.C. Official Code § 7-731.

## **IV. RESPONSIBILITY**

### **DOH Management**

- A. DOHORM is responsible for developing, establishing, revising and distributing written procedures for reporting unusual incidents within DOH to ensure uniform reporting procedures throughout the department. The Risk Manager in consultation with Senior Directors, Managers and Administrators, is also responsible for follow-up on all incidents reported as well as for timely resolution of incidents.
- B. Senior Directors, Managers and Administrators as well as contractors and grantees subject to this Issuance are responsible for establishing and distributing written procedures for reporting unusual incidents within their respective administrations/divisions/programs. The procedures must comply with instructions outlined in this Issuance and should provide sufficient detail to ensure uniform reporting procedures. Copies of these procedures and any subsequent revisions must be approved by the DOHORM.
- C. Senior Directors, Managers and Administrators as well as contractors and grantees subject to this Issuance have the responsibility of implementing the unusual incident reporting procedures for their respective administrations/divisions. It is the responsibility of the Senior Directors, Managers and Administrators as well as contractors and grantees subject to this Issuance to ensure that all unusual incident reporting policies and procedures are strictly followed. Where delegations are made to duty officers and officials at the activity level (institutions, facilities, service centers, contract facilities, etc.), the ultimate responsibility for unusual incident reporting and prompt action resides with the Senior Directors, Managers and Administrators as well as contractors and grantees subject to this Issuance.
- D. DOHORM will ensure that the D.C. Office of Risk Management (DCORM) has been notified of any property loss incident or work-related injury or illness, initiate investigations, and report appropriate information and findings to the DCORM.

- E. DOHORM will ensure that the DCORM has been notified whenever an unusual or unplanned event occurs so that the reporting requirements can be determined and, when required, prepare the required supplemental documentation.
- F. DOHORM will participate in additional investigations, when required.
- G. DOHORM will ensure that required corrective actions to mitigate unusual incidents are implemented in a timely manner.
- H. Senior Directors, Managers and Administrators must ensure that all contractual agreements and grant agreements for their administration/division require the applicable contractor(s) and grantee(s) to comply with this Issuance.

**Employees, Contractors and Grantees**

- A. Promptly report any property loss, work-related injury or illness, injury or illness or incident impacting the work environment to their line manager.
- B. Promptly report any unusual or unplanned event having programmatic significance that adversely affects or could adversely affect the performance, safety, or reliability of a facility to their line manager and the DOHORM.
- C. Participate in the investigation of accidents and incidents, and support the implementation of resulting corrective actions.
- D. Complete the Accident/Incident Investigation Report and supplemental reports as determined necessary by the supervisor/DOHORM.

**V. DEFINITIONS**

- A. Unusual Incidents - An unusual incident is defined as any significant occurrence or extraordinary event which is different from the regular routine or varies from established procedure. Unusual incidents include, but are not limited to:
  - 1. Physical abuse/neglect of DOH clients;
  - 2. Suspicious deaths of DOH residents, and clients at any DOH facility;
  - 3. All injuries to DOH residents, clients or employees on official duty and/or in a DOH facility.
  - 4. Possession and/or use of alcohol and/or any controlled substance by employees while on duty and/or on government premises;
  - 5. Possession and/or use of alcohol and/or any controlled substance by clients, or residents at DOH facilities or contract facilities;
  - 6. Death of a DOH employee while on official duty;
  - 7. Employee misconduct/fraud;
  - 8. Theft/burglary;
  - 9. Fire/bomb threats;
  - 10. Sexual abuse and/or sex involving any DOH client and/or any DOH employee at a government facility;
  - 11. Automobile accidents or destruction of government property;
  - 12. Patient elopement from a DOH facility or institution;
  - 13. Any incident requiring assistance or the involvement of law enforcement authorities, Fire, EMS or rescue unit;

14. Actual or potential workplace violence exposure, including verbal or physical threats of violence;
15. Serious facility issues/problems such as extreme temperatures, activation of fire alarms, flooding, power outages, fires, security breach, etc.
16. Any other incident that would be of interest to DCORM because the incident has the potential to cause damage, injury or loss (i.e., a near miss).

B. Unusual Incident Reporting Form (DCORM FORM). The unusual incident form is used to report all incidents to the ORM.

## VI. POLICY

The Unusual Incident Report shall constitute an official record of the incident and shall serve to ensure that the Director is informed of any unusual event which might require his/her immediate attention. The unusual incident report is an important document for subsequent review and investigation of an incident. It also represents an official request for an investigation. DOHORM will monitor and coordinate all criminal investigations involving DOH and other law enforcement agencies.

Therefore, the report must include a complete record of who, what, how, where, when, and why regarding the incident.

## VII. PROCEDURES

- A. During normal business hours (8:15 A.M.- 4:45 P.M.), all unusual incidents shall be reported immediately by the Senior Directors, Senior Managers and Administrators, and contractors and grantees subject to this Issuance by telephone to the Office of the Director (202-442-5999) and DOHORM, telephone number (202-997-5209 or 202-442-5846) or by the most expedient means. Email communication is not an acceptable method of notification.
- B. In the event that all facts are not available in sufficient time to be included in the initial report, a follow-up report shall be submitted as soon as the facts are available but not later than 72-hours after the incident. As required, Senior Deputy Directors, Senior Managers and Administrators as well as contractors and grantees subject to this Issuance shall ensure that follow-up reports are submitted to relate subsequent information and actions.
- C. In order to ensure uniformity in reporting procedures and format, DOHORM Incident Reporting Form will be the only reporting form used by DOH.
- D. Senior Directors, Senior Managers and Administrators as well as contractors and grantees subject to this Issuance will ensure that a complete written report is prepared and submitted to arrive in the DOHORM within 24 business hours of the occurrence of an unusual incident.

Depending upon the nature of the unusual incident, the DOHORM Incident Reporting Form may be considered sufficient and accepted as the final written report. The DOHORM Incident Reporting Form or a written report shall provide complete details to include a summary of actions taken by appropriate managerial officials regarding the unusual incident, corrective measures to prevent recurrences (immediate and long range). This report shall be reviewed by the Senior Directors, Managers and

Administrators who shall cite recommendations for actions by higher authorities as required.

- E. When an unusual incident occurs between the hours of 4:45 P.M. and 8:15 A.M. on weekdays, and at any time on weekends or holidays, the appropriate Senior Directors, Senior Managers and Administrators as well as contractors and grantees subject to this Issuance will ensure that the report of the incident is transmitted by telephone to the DOH Risk Manager at (202-997-5209). The persons contacting the DOH Risk Manager shall give his/her name, title, location, telephone number and type of unusual incident.
- F. Senior Directors, Senior Managers and Administrators as well as contractors and grantees must submit a full written report of unusual incidents occurring after business hours or on weekends to the DOHORM immediately but not later than noon of the next business day.

### **VIII. UNUSUAL INCIDENT REPORTS/CRIMINAL INVESTIGATIONS**

- A. Unusual incidents defined as criminal in nature are serious infractions that involve law enforcement officials and other investigative components. Those types of unusual incidents are enumerated and listed below to ensure clarity.
  - 1. Physical abuse/neglect of DOH clients;
  - 2. Suspicious deaths of DOH clients or employees;
  - 3. All serious or suspicious injuries to DOH employees on official duty;
  - 4. Sexual Abuse;
  - 5. Possession, use and/or distribution of alcohol and/or any controlled substance by an employee or contract employee on official duty.
  - 6. Misconduct or fraud by DOH employees and contract employees; and
  - 7. Any incident requiring assistance or the involvement of law enforcement authorities, fire or rescue unit.
- B. When any of the above incidents occur, Senior Directors, Senior Managers and Administrators as well as contractors and grantees subject to this Issuance will ensure the following procedures are implemented immediately:
  - 1. Notify the Metropolitan Police Department (MPD) (or local police authority if outside the District of Columbia) and the DOHORM at (202) 442-5846 or (202) 997-5209.
  - 2. In the event of a criminal investigation by one of MPD or local police authority's specialized division, i.e., Sex Squad, Homicide, etc., the employee and/or victim should be removed from the immediate area to defuse the situation only if authorized by law enforcement officials.
  - 3. Removal of an employee may include such actions as reassignment, detail or administrative leave pending an internal and criminal investigation. Other instructions may come from MPD based on the individual circumstances of a criminal investigation.
  - 4. Do not conduct an in-house investigation. This includes taking statements or interviewing witnesses or victims. Such action seriously hampers and impedes a criminal or internal investigation. Staff is directed to gather routine information,

<b>Section:</b>	RISK MANAGEMENT	<b>Effective Date:</b> July 12, 2004
<b>Subject:</b>	Unusual Incident Reporting	<b>Policy No.</b> DOH01-04
<b>Approval:</b>	Monica Lamboy, Chief Operating Officer	<b>Page</b> 5 of 6

which is required for the completion of the Unusual Incident Report or the official police report.

5. Do not disturb the incident/crime scene. Protect the scene when necessary.

## **IX. OFFICE OF RISK MANAGEMENT**

The activities and responsibilities of the DOHORM are as follows:

- A. Will ensure that the Director is immediately advised by telephone or written report of an unusual incident which occurs during normal business hours. An investigative report of the incident will be submitted to the Director within five working days.
- B. Will monitor all criminal investigations within DOH as appropriate.
- C. Will be notified by MPD within 48-hours whether evidence merits placing an employee or contract employee on administrative leave pending a criminal investigation. All contractors are strongly urged to cooperate in this effort.
- D. Will continually monitor all accidents and incidents for trends and significant findings in order to identify exposures and develop and implement appropriate mitigation strategies in conjunction with the relevant directors/managers/administrators.
- E. Will respond to accidents, incidents and property losses as appropriate for the event; treat or coordinate treatment of injuries or illnesses; assist with loss mitigation; determine reportability; and coordinate the completion and distribution of required reports.
- F. Will analyze information submitted by line organizations that describes any unusual or unplanned event to determine the need for supplemental reports, provide comments on their preparation, and recommend approval and arrange distribution of completed reports.
- G. May rely on the supervisor's investigation of incidents, accidents or occurrences when appropriate. DOHORM shall perform independent investigations of incidents, accidents, and occurrences as appropriate and necessary; assist line managers in their investigations; review line organization's investigation findings; and develop recommendations based on these investigation and review activities.
- H. Will maintain records of all accidents, incidents, and occurrences, including completed reports; prepare required monthly, quarterly or annual summary reports for submission to the D.C. Office of Risk Management as requested/required; perform analyses for trends and notable findings; recommend corrective actions to prevent recurrence; and disseminate findings to appropriate line organizations.
- I. Will promptly notify the DCORM of any significant occurrence resulting in loss of property or injury/illness involving employees, contract personnel, or the public; coordinate subsequent investigation activities and findings with the DCORM; and forward to the DCORM other risk assessment information with potential legal implications.
- J. Final reports from DOHORM shall represent a definitive independent review and analysis of the unusual incident. In addition, the investigative report will include such

observations as accurate and timely reporting procedures, actions or inaction by Senior Deputy Directors, Senior Managers/Administrators, and contractors, departmental impact, preventive measures and recommendations.

## **X. ACCESSIBILITY of DOCUMENTS, RECORDS AND FILES**

The DOHORM is the official investigative agent of the Department of Health and thereby represents the Director. In the conduct of an investigation, DOHORM is granted authority to obtain any document, record or file generated or retained by DOH.

Necessary and appropriate information will be provided to appropriate internal groups (i.e. investigation panels, legal counsel etc.) during all phases of reporting and investigation.

## **XI. KEY TELEPHONE NUMBERS FOR REPORTING UNUSUAL INCIDENTS**

1. DOH Office of the Director: (202) 442-5999
2. DOH Risk Management: (202) 442-5846  
(202) 997-5209

Approved for legal sufficiency: July 12, 2004

Kenneth B. Campbell, Esq.  
General Counsel  
Department of Health

Attachments: Unusual Incident Report Form



**Attachment #4**

**27 DCMR § 1905.6 - Providing the Criteria for a  
Determination of Responsibility of Potential Contractors**



## THE MAYOR OF THE DISTRICT OF COLUMBIA

## NOTICE OF FINAL RULEMAKING

The Mayor of the District of Columbia, pursuant to authority granted by section 202(a) of the District of Columbia Procurement Practices Act of 1985, as amended, ("PPA"), effective February 21, 1986 (D.C. Law 6-85; D.C. Code §1-1182.2(a)), hereby gives notice of the adoption of the following final rules, amending Chapter 19 of Title 27 of the District of Columbia Municipal Regulations (Contracts and Procurements). The rules are intended to implement the Procurement Practices Human Care Agreement Amendment Act of 2000 (D.C. Law 13-155), effective September 16, 2000.

The rules were originally approved as emergency and proposed rules on October 11, 2000, and a second emergency rulemaking was approved on March 23, 2001. No substantive changes have been made to the text of the proposed rules, as published in the Notice of Emergency and Proposed Rulemaking in the *D.C. Register* on October 20, 2000, at 47 DCR 8590, and as published in the Notice of Emergency Rulemaking in the *D.C. Register* on April 6, 2001, at 48 DCR 3138.

The Council of the District of Columbia approved these rules on June 8, 2001, by Resolution No. 14-85, pursuant to section 205(a) of the Procurement Practices Act (D.C. Code §1-1182.5(a)).

## CHAPTER 19

## CONTRACTING FOR SERVICES

*Subsection 1900.4 is amended to read as follows:*

- 1900.4      A contract may be used to provide services including, but not limited to, the following:



(m) Human care services (in accordance with §§1905 to 1908); and

*Sections 1905 through 1908 are amended to read as follows:*

**1905 HUMAN CARE SERVICES**

- 1905.1 The Director shall, at least annually, determine in writing that the human care procurement method is appropriate for contracts for classes of human care services, for which the quantity, rate of utilization, delivery areas, or specific beneficiaries of the services cannot be accurately estimated at the outset of the procurement process.
- 1905.2 The contracting officer shall, at least annually, publicly announce all requirements for human care services in accordance with Chapter 13 of this title, and on the Internet site maintained by the Office of Contracting and Procurement.
- 1905.3 The contracting officer shall give public notice of general requirements for human care services, and issue a request for qualifications on a form prescribed by the Director, inviting interested service providers to respond in writing with a statement of their qualifications to perform the required services.
- 1905.4 The contracting officer shall use the procedures set forth in §§1905 through 1908 of this chapter to procure human care services rather than the solicitation or source selection procedures specified elsewhere in this title.
- 1905.5 Compliance with §§1905 through 1908 of this chapter shall constitute a competitive procedure for the procurement of human care services.
- 1905.6 The contracting officer shall certify the financial and professional responsibility of each potential contractor based on the following criteria:
- (a) The type of business or organization and its history;
  - (b) The resumes and professional qualifications of the business or organization's staff, including relevant professional and/or business licenses, affiliations, and specialties;
  - (c) Information attesting to financial capability, including financial statements;
  - (d) Specialized experience and technical competence in the type of work required;

- (e) Capacity to accomplish the work in the required time;
- (f) A summary of similar contracts awarded to the service provider, and the service provider's performance of those contracts;
- (g) A certification of compliance with all applicable tax and filing requirements;
- (h) A statement attesting to compliance with wage, hour, workplace safety and other standards of labor law;
- (i) A statement attesting to compliance with federal and District equal employment opportunity law;
- (j) Information about pending lawsuits or investigations, and judgments, indictments, or convictions against the service provider or its proprietors, partners, directors, officers, or managers; and
- (k) Acceptability under other appropriate characteristics of a prospective service provider.

**1906****SELECTION OF HUMAN CARE SERVICES PROVIDERS****1906.1**

Prior to conducting discussions with a service provider who has submitted a statement of qualifications in accordance with §1905.3, the contracting officer shall make a written determination that the service provider is qualified, based on the criteria in §1905.6.

**1906.2**

Following pre-qualification of service providers, the contracting officer may:

- (a) Conduct discussions with all qualified service providers, and negotiate a price on a unit rate or fee for service basis using benchmarks and quantifiable measurements that are uniformly applied, including but not limited to each service provider's cost data attributable to provision of the services and consideration of each service provider's maximum customer capacity; and
- (b) Award a human care agreement to one or more service providers to satisfy all or part of the District's anticipated requirements based on the contracting officer's determination that the contract is in the best interest of the District, considering the service provider's qualifications, its capability of providing the service, and a judgment that the price is reasonable.



- 1906.3 The contracting officer shall retain statements of qualifications for approved service providers, and consider those providers for award of human care agreements, for a period of three years, following pre-qualification of the providers.

**1907 HUMAN CARE AGREEMENT**

- 1907.1 The contracting officer shall include in each human care agreement the following information:

- (a) A statement that the human care agreement is not a commitment to purchase any quantity of a particular service covered under the agreement; and
- (b) A statement that the District is obligated only to the extent that authorized purchases are made pursuant to the human care agreement.

- 1907.2 The contracting officer shall issue a task order for required services under each human care agreement, and secure all appropriate approvals and funding prior to execution of the task order.

- 1907.3 As far as practicable, the contracting officer shall give qualified service providers fair and equal treatment with respect to the issuance of task orders.

**1908 VOUCHERS**

- 1908.1 Upon a written determination by the Director approving the use of vouchers for a human care contract, the contracting officer following award of the contract may issue vouchers to eligible customers to use for the purchase of human care services.

*Sections 1909 through 1912 are repealed.*

*Section 1999 is amended to read as follows:*

**1999 DEFINITIONS**

- 1999.1 When used in this chapter, the following words and terms shall have the meanings ascribed:

**Appraisal services** – services performed by an expert licensed by a state, city, county, or other governmental unit which are associated with the purchase and lease of real property relating to the determination of the value of real property.

**Award information** – information regarding the name of the contractor and the amount of the contract award.

**Consultant** – a firm or individual with knowledge and special abilities not generally available to an agency who renders services of a purely advisory nature relating to governmental functions or agency administration and management.

**Consulting services** – services of a purely advisory nature relating to governmental functions, agency administration and management, or program management which are normally provided by persons that are considered to have knowledge and special abilities not generally available within the agency.

**Customer** – a recipient of human care services.

**Expert** – a person with excellent qualifications and a high degree of attainment in a professional, scientific, technical, or other field, whose knowledge and mastery of the principles, practices, problems, methods, and techniques of his or her field of activity, or of a specialized area in the field, are clearly superior to those usually possessed by ordinarily competent persons in that activity, and whose attainment is such that he or she usually is regarded as an authority or as a practitioner of unusual competence and skill by other persons in the profession, occupation, or activity. An expert may be a person who performs or supervises regular duties and operating functions.

**Human care services** – education or special education, health, human, or social services, to be provided directly to individuals who are disabled, disadvantaged, displaced, elderly, indigent, mentally ill, physically ill, unemployed, or minors in the custody of the District of Columbia.

**Task order** – an order for services placed against an established human care agreement.

**Pre-qualification** – the process by which the contracting officer determines whether a prospective service provider under a human care agreement is responsible.

**Voucher** – a written authorization, to a service provider who has been awarded a human care agreement, to provide the services authorized in the agreement and described in the voucher directly to an individual identified in writing.

94-2103 DC,DISTRICT-WIDE

WAGE DETERMINATION NO: 94-2103 REV (34) AREA: DC,DISTRICT-WIDE

HEALTH AND WELFARE LEVEL - INSURANCE ONLY \*\*OTHER WELFARE LEVEL WD:94-2104

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REGISTER OF WAGE DETERMINATIONS UNDER THE SERVICE CONTRACT ACT ADMINISTRATION	U.S. DEPARTMENT OF LABOR EMPLOYMENT STANDARDS
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By direction of the Secretary of Labor	WAGE AND HOUR DIVISION WASHINGTON D.C. 20210
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2103	Wage Determination No.: 1994-
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William W.Gross	Division of	Revision No.: 34
Director	Wage Determinations	Date Of Revision:
05/23/2005		

States: District of Columbia, Maryland, Virginia

Area: District of Columbia Statewide  
Maryland Counties of Calvert, Charles, Frederick, Montgomery, Prince  
George's, St  
Mary's  
Virginia Counties of Alexandria, Arlington, Fairfax, Falls Church,  
Fauquier, King  
George, Loudoun, Prince William, Stafford

\*\*Fringe Benefits Required Follow the Occupational Listing\*\*

OCCUPATION CODE - TITLE	MINIMUM
WAGE RATE	

01000 - Administrative Support and Clerical Occupations	
01011 - Accounting Clerk I	
12.16	
01012 - Accounting Clerk II	
12.86	
01013 - Accounting Clerk III	
14.89	
01014 - Accounting Clerk IV	
16.65	
01030 - Court Reporter	
17.02	
01050 - Dispatcher, Motor Vehicle	
16.50	



01060 - Document Preparation Clerk  
12.75  
01070 - Messenger (Courier)  
10.23  
01090 - Duplicating Machine Operator  
12.75  
01110 - Film/Tape Librarian  
15.10  
01115 - General Clerk I  
11.68  
01116 - General Clerk II  
13.72  
01117 - General Clerk III  
15.32  
01118 - General Clerk IV  
18.74  
01120 - Housing Referral Assistant  
19.30  
01131 - Key Entry Operator I  
12.67  
01132 - Key Entry Operator II  
13.82  
01191 - Order Clerk I  
14.74  
01192 - Order Clerk II  
16.29  
01261 - Personnel Assistant (Employment) I  
13.05  
01262 - Personnel Assistant (Employment) II  
15.10  
01263 - Personnel Assistant (Employment) III  
17.02  
01264 - Personnel Assistant (Employment) IV  
19.60  
01270 - Production Control Clerk  
18.89  
01290 - Rental Clerk  
15.42  
01300 - Scheduler, Maintenance  
15.26  
01311 - Secretary I  
16.11  
01312 - Secretary II  
17.31  
01313 - Secretary III  
19.30  
01314 - Secretary IV  
21.45  
01315 - Secretary V  
23.75  
01320 - Service Order Dispatcher  
15.82  
01341 - Stenographer I  
15.15

01342 - Stenographer II  
16.47  
01400 - Supply Technician  
21.45  
01420 - Survey Worker (Interviewer)  
16.43  
01460 - Switchboard Operator-Receptionist  
12.06  
01510 - Test Examiner  
17.31  
01520 - Test Proctor  
17.31  
01531 - Travel Clerk I  
11.63  
01532 - Travel Clerk II  
12.49  
01533 - Travel Clerk III  
13.41  
01611 - Word Processor I  
12.75  
01612 - Word Processor II  
15.10  
01613 - Word Processor III  
17.02  
03000 - Automatic Data Processing Occupations  
03010 - Computer Data Librarian  
15.10  
03041 - Computer Operator I  
15.10  
03042 - Computer Operator II  
17.02  
03043 - Computer Operator III  
18.89  
03044 - Computer Operator IV  
21.09  
03045 - Computer Operator V  
23.35  
03071 - Computer Programmer I (1)  
19.64  
03072 - Computer Programmer II (1)  
23.33  
03073 - Computer Programmer III (1)  
27.62  
03074 - Computer Programmer IV (1)  
27.62  
03101 - Computer Systems Analyst I (1)  
27.62  
03102 - Computer Systems Analyst II (1)  
27.62  
03103 - Computer Systems Analyst III (1)  
27.62  
03160 - Peripheral Equipment Operator  
15.10  
05000 - Automotive Service Occupations

05005 - Automotive Body Repairer, Fiberglass  
 22.73  
 05010 - Automotive Glass Installer  
 17.88  
 05040 - Automotive Worker  
 17.88  
 05070 - Electrician, Automotive  
 18.95  
 05100 - Mobile Equipment Servicer  
 15.69  
 05130 - Motor Equipment Metal Mechanic  
 19.98  
 05160 - Motor Equipment Metal Worker  
 17.88  
 05190 - Motor Vehicle Mechanic  
 20.07  
 05220 - Motor Vehicle Mechanic Helper  
 16.81  
 05250 - Motor Vehicle Upholstery Worker  
 17.88  
 05280 - Motor Vehicle Wrecker  
 17.88  
 05310 - Painter, Automotive  
 18.95  
 05340 - Radiator Repair Specialist  
 17.88  
 05370 - Tire Repairer  
 14.43  
 05400 - Transmission Repair Specialist  
 19.98  
 07000 - Food Preparation and Service Occupations  
 (not set) - Food Service Worker  
 9.91  
 07010 - Baker  
 12.25  
 07041 - Cook I  
 11.53  
 07042 - Cook II  
 12.79  
 07070 - Dishwasher  
 9.76  
 07130 - Meat Cutter  
 16.07  
 07250 - Waiter/Waitress  
 8.59  
 09000 - Furniture Maintenance and Repair Occupations  
 09010 - Electrostatic Spray Painter  
 18.05  
 09040 - Furniture Handler  
 12.55  
 09070 - Furniture Refinisher  
 18.05  
 09100 - Furniture Refinisher Helper  
 13.85

09110 - Furniture Repairer, Minor  
16.01  
09130 - Upholsterer  
18.05  
11030 - General Services and Support Occupations  
11030 - Cleaner, Vehicles  
9.67  
11060 - Elevator Operator  
9.79  
11090 - Gardener  
14.27  
11121 - House Keeping Aid I  
9.97  
11122 - House Keeping Aid II  
10.77  
11150 - Janitor  
10.12  
11210 - Laborer, Grounds Maintenance  
11.65  
11240 - Maid or Houseman  
9.97  
11270 - Pest Controller  
12.49  
11300 - Refuse Collector  
11.69  
11330 - Tractor Operator  
14.00  
11360 - Window Cleaner  
10.51  
12000 - Health Occupations  
12020 - Dental Assistant  
16.90  
12040 - Emergency Medical Technician (EMT)/Paramedic/Ambulance Driver  
15.83  
12071 - Licensed Practical Nurse I  
15.86  
12072 - Licensed Practical Nurse II  
17.79  
12073 - Licensed Practical Nurse III  
19.92  
12100 - Medical Assistant  
12.94  
12130 - Medical Laboratory Technician  
16.32  
12160 - Medical Record Clerk  
14.96  
12190 - Medical Record Technician  
16.47  
12221 - Nursing Assistant I  
9.32  
12222 - Nursing Assistant II  
10.48  
12223 - Nursing Assistant III  
11.94

12224 - Nursing Assistant IV  
13.40  
12250 - Pharmacy Technician  
13.02  
12280 - Phlebotomist  
13.40  
12311 - Registered Nurse I  
24.92  
12312 - Registered Nurse II  
29.47  
12313 - Registered Nurse II, Specialist  
29.47  
12314 - Registered Nurse III  
35.65  
12315 - Registered Nurse III, Anesthetist  
35.65  
12316 - Registered Nurse IV  
42.73  
13000 - Information and Arts Occupations  
13002 - Audiovisual Librarian  
20.85  
13011 - Exhibits Specialist I  
17.98  
13012 - Exhibits Specialist II  
23.33  
13013 - Exhibits Specialist III  
28.07  
13041 - Illustrator I  
18.73  
13042 - Illustrator II  
23.42  
13043 - Illustrator III  
28.82  
13047 - Librarian  
24.54  
13050 - Library Technician  
17.18  
13071 - Photographer I  
14.67  
13072 - Photographer II  
17.18  
13073 - Photographer III  
21.52  
13074 - Photographer IV  
26.05  
13075 - Photographer V  
29.15  
15000 - Laundry, Dry Cleaning, Pressing and Related Occupations  
15010 - Assembler  
8.71  
15030 - Counter Attendant  
8.71  
15040 - Dry Cleaner  
10.94



15070 - Finisher, Flatwork, Machine  
8.71  
15090 - Presser, Hand  
8.71  
15100 - Presser, Machine, Drycleaning  
8.71  
15130 - Presser, Machine, Shirts  
8.71  
15160 - Presser, Machine, Wearing Apparel, Laundry  
8.71  
15190 - Sewing Machine Operator  
11.73  
15220 - Tailor  
12.43  
15250 - Washer, Machine  
9.31  
19000 - Machine Tool Operation and Repair Occupations  
19010 - Machine-Tool Operator (Toolroom)  
18.95  
19040 - Tool and Die Maker  
23.05  
21000 - Material Handling and Packing Occupations  
21010 - Fuel Distribution System Operator  
19.38  
21020 - Material Coordinator  
19.05  
21030 - Material Expediter  
19.05  
21040 - Material Handling Laborer  
11.50  
21050 - Order Filler  
13.21  
21071 - Forklift Operator  
16.04  
21080 - Production Line Worker (Food Processing)  
15.93  
21100 - Shipping/Receiving Clerk  
13.15  
21130 - Shipping Packer  
13.15  
21140 - Store Worker I  
9.06  
21150 - Stock Clerk (Shelf Stocker; Store Worker II)  
13.05  
21210 - Tools and Parts Attendant  
16.99  
21400 - Warehouse Specialist  
16.04  
23000 - Mechanics and Maintenance and Repair Occupations  
23010 - Aircraft Mechanic  
22.24  
23040 - Aircraft Mechanic Helper  
14.71  
23050 - Aircraft Quality Control Inspector

23.43  
23060 - Aircraft Servicer  
17.82  
23070 - Aircraft Worker  
18.09  
23100 - Appliance Mechanic  
18.95  
23120 - Bicycle Repairer  
14.43  
23125 - Cable Splicer  
24.68  
23130 - Carpenter, Maintenance  
18.95  
23140 - Carpet Layer  
17.80  
23160 - Electrician, Maintenance  
22.59  
23181 - Electronics Technician, Maintenance I  
19.42  
23182 - Electronics Technician, Maintenance II  
21.92  
23183 - Electronics Technician, Maintenance III  
23.87  
23260 - Fabric Worker  
16.61  
23290 - Fire Alarm System Mechanic  
19.98  
23310 - Fire Extinguisher Repairer  
15.69  
23340 - Fuel Distribution System Mechanic  
21.05  
23370 - General Maintenance Worker  
17.28  
23400 - Heating, Refrigeration and Air Conditioning Mechanic  
20.87  
23430 - Heavy Equipment Mechanic  
19.98  
23440 - Heavy Equipment Operator  
20.76  
23460 - Instrument Mechanic  
19.98  
23470 - Laborer  
14.27  
23500 - Locksmith  
18.95  
23530 - Machinery Maintenance Mechanic  
20.51  
23550 - Machinist, Maintenance  
21.52  
23580 - Maintenance Trades Helper  
14.54  
23640 - Millwright  
21.85  
23700 - Office Appliance Repairer

18.95  
23740 - Painter, Aircraft  
21.29  
23760 - Painter, Maintenance  
18.95  
23790 - Pipefitter, Maintenance  
22.76  
23800 - Plumber, Maintenance  
20.99  
23820 - Pneudraulic Systems Mechanic  
19.98  
23850 - Rigger  
19.98  
23870 - Scale Mechanic  
17.88  
23890 - Sheet-Metal Worker, Maintenance  
19.98  
23910 - Small Engine Mechanic  
20.05  
23930 - Telecommunication Mechanic I  
22.21  
23931 - Telecommunication Mechanic II  
23.41  
23950 - Telephone Lineman  
22.21  
23960 - Welder, Combination, Maintenance  
19.98  
23965 - Well Driller  
19.98  
23970 - Woodcraft Worker  
19.98  
23980 - Woodworker  
15.32  
24000 - Personal Needs Occupations  
24570 - Child Care Attendant  
11.58  
24580 - Child Care Center Clerk  
16.15  
24600 - Chore Aid  
9.29  
24630 - Homemaker  
16.75  
25000 - Plant and System Operation Occupations  
25010 - Boiler Tender  
22.57  
25040 - Sewage Plant Operator  
19.52  
25070 - Stationary Engineer  
22.57  
25190 - Ventilation Equipment Tender  
15.24  
25210 - Water Treatment Plant Operator  
19.72  
27000 - Protective Service Occupations

(not set) - Police Officer  
23.19  
27004 - Alarm Monitor  
16.79  
27006 - Corrections Officer  
18.10  
27010 - Court Security Officer  
20.72  
27040 - Detention Officer  
18.29  
27070 - Firefighter  
20.97  
27101 - Guard I  
11.51  
27102 - Guard II  
15.16  
28000 - Stevedoring/Longshoremen Occupations  
28010 - Blocker and Bracer  
19.89  
28020 - Hatch Tender  
19.89  
28030 - Line Handler  
19.89  
28040 - Stevedore I  
18.71  
28050 - Stevedore II  
21.11  
29000 - Technical Occupations  
21150 - Graphic Artist  
22.81  
29010 - Air Traffic Control Specialist, Center (2)  
32.70  
29011 - Air Traffic Control Specialist, Station (2)  
22.54  
29012 - Air Traffic Control Specialist, Terminal (2)  
24.82  
29023 - Archeological Technician I  
15.78  
29024 - Archeological Technician II  
17.58  
29025 - Archeological Technician III  
21.94  
29030 - Cartographic Technician  
23.33  
29035 - Computer Based Training (CBT) Specialist/ Instructor  
31.26  
29040 - Civil Engineering Technician  
22.19  
29061 - Drafter I  
14.31  
29062 - Drafter II  
16.57  
29063 - Drafter III  
18.53

29064 - Drafter IV  
23.33  
29081 - Engineering Technician I  
17.67  
29082 - Engineering Technician II  
19.84  
29083 - Engineering Technician III  
22.54  
29084 - Engineering Technician IV  
27.49  
29085 - Engineering Technician V  
33.62  
29086 - Engineering Technician VI  
40.67  
29090 - Environmental Technician  
21.22  
29100 - Flight Simulator/Instructor (Pilot)  
36.95  
29160 - Instructor  
26.54  
29210 - Laboratory Technician  
18.56  
29240 - Mathematical Technician  
23.70  
29361 - Paralegal/Legal Assistant I  
20.03  
29362 - Paralegal/Legal Assistant II  
24.82  
29363 - Paralegal/Legal Assistant III  
30.35  
29364 - Paralegal/Legal Assistant IV  
36.73  
29390 - Photooptics Technician  
23.33  
29480 - Technical Writer  
28.55  
29491 - Unexploded Ordnance (UXO) Technician I  
20.78  
29492 - Unexploded Ordnance (UXO) Technician II  
25.14  
29493 - Unexploded Ordnance (UXO) Technician III  
30.13  
29494 - Unexploded (UXO) Safety Escort  
20.78  
29495 - Unexploded (UXO) Sweep Personnel  
20.78  
29620 - Weather Observer, Senior (3)  
21.32  
29621 - Weather Observer, Combined Upper Air and Surface Programs (3)  
18.30  
29622 - Weather Observer, Upper Air (3)  
18.30  
31000 - Transportation/ Mobile Equipment Operation Occupations  
31030 - Bus Driver



15.95  
31260 - Parking and Lot Attendant  
8.62  
31290 - Shuttle Bus Driver  
13.45  
31300 - Taxi Driver  
12.71  
31361 - Truckdriver, Light Truck  
13.89  
31362 - Truckdriver, Medium Truck  
17.09  
31363 - Truckdriver, Heavy Truck  
18.40  
31364 - Truckdriver, Tractor-Trailer  
18.40  
99000 - Miscellaneous Occupations  
99020 - Animal Caretaker  
10.47  
99030 - Cashier  
9.82  
99041 - Carnival Equipment Operator  
12.35  
99042 - Carnival Equipment Repairer  
13.30  
99043 - Carnival Worker  
8.31  
99050 - Desk Clerk  
9.78  
99095 - Embalmer  
19.79  
99300 - Lifeguard  
10.92  
99310 - Mortician  
24.77  
99350 - Park Attendant (Aide)  
13.71  
99400 - Photofinishing Worker (Photo Lab Tech., Darkroom Tech)  
11.12  
99500 - Recreation Specialist  
16.99  
99510 - Recycling Worker  
15.47  
99610 - Sales Clerk  
11.08  
99620 - School Crossing Guard (Crosswalk Attendant)  
11.37  
99630 - Sport Official  
11.24  
99658 - Survey Party Chief (Chief of Party)  
18.39  
99659 - Surveying Technician (Instr. Person/Surveyor Asst./Instr.)  
17.48  
99660 - Surveying Aide  
11.43

99690 - Swimming Pool Operator  
13.93  
99720 - Vending Machine Attendant  
10.73  
99730 - Vending Machine Repairer  
13.93  
99740 - Vending Machine Repairer Helper  
11.34

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ALL OCCUPATIONS LISTED ABOVE RECEIVE THE FOLLOWING BENEFITS:

HEALTH & WELFARE: \$2.87 an hour or \$114.80 a week or \$497.47 a month

VACATION: 2 weeks paid vacation after 1 year of service with a contractor or successor; 3 weeks after 5 years, and 4 weeks after 15 years. Length of service includes the whole span of continuous service with the present contractor or successor, wherever employed, and with the predecessor contractors in the performance of similar work at the same Federal facility. (Reg. 29 CFR 4.173)

HOLIDAYS: A minimum of ten paid holidays per year: New Year's Day, Martin Luther King Jr.'s Birthday, Washington's Birthday, Memorial Day, Independence Day, Labor Day, Columbus Day, Veterans' Day, Thanksgiving Day, and Christmas Day. (A contractor may substitute for any of the named holidays another day off with pay in accordance with a plan communicated to the employees involved.) (See 29 CFR 4.174)

THE OCCUPATIONS WHICH HAVE PARENTHESES AFTER THEM RECEIVE THE FOLLOWING BENEFITS (as numbered):

1) Does not apply to employees employed in a bona fide executive, administrative, or professional capacity as defined and delineated in 29 CFR 541. (See CFR 4.156)

2) APPLICABLE TO AIR TRAFFIC CONTROLLERS ONLY - NIGHT DIFFERENTIAL: An employee is entitled to pay for all work performed between the hours of 6:00 P.M. and 6:00 A.M.

at the rate of basic pay plus a night pay differential amounting to 10 percent of the rate of basic pay.

3) WEATHER OBSERVERS - NIGHT PAY & SUNDAY PAY: If you work at night as part of a regular tour of duty, you will earn a night differential and receive an additional 10% of basic pay for any hours worked between 6pm and 6am. If you are a full-time employed (40 hours a week) and Sunday is part of your regularly scheduled workweek, you are paid at your rate of basic pay plus a Sunday premium of 25% of your basic rate for each hour of Sunday work which is not overtime (i.e. occasional work on Sunday outside the normal tour of duty is considered overtime work).

HAZARDOUS PAY DIFFERENTIAL: An 8 percent differential is applicable to employees employed in a position that represents a high degree of hazard when working with or in close proximity to ordnance, explosives, and incendiary materials. This includes work such as screening, blending, dying, mixing, and pressing of sensitive ordnance, explosives, and pyrotechnic compositions such as lead azide, black powder and photoflash powder. All dry-house activities involving propellants or explosives. Demilitarization, modification, renovation, demolition, and maintenance operations on sensitive ordnance, explosives and incendiary materials. All operations involving regrading and cleaning of artillery ranges.

A 4 percent differential is applicable to employees employed in a position that represents a low degree of hazard when working with, or in close proximity to ordnance, (or employees possibly adjacent to) explosives and incendiary materials which involves potential injury such as laceration of hands, face, or arms of the employee engaged in the operation, irritation of the skin, minor burns and the like; minimal damage to immediate or adjacent work area or equipment being used. All operations involving, unloading, storage, and hauling of ordnance, explosive, and incendiary ordnance material other than small arms ammunition. These differentials are only applicable to work that has been specifically designated by the

agency for  
ordnance, explosives, and incendiary material differential pay.

**\*\* UNIFORM ALLOWANCE \*\***

If employees are required to wear uniforms in the performance of this contract (either by the terms of the Government contract, by the employer, by the state or local law, etc.), the cost of furnishing such uniforms and maintaining (by laundering or dry cleaning) such uniforms is an expense that may not be borne by an employee where such cost reduces the hourly rate below that required by the wage determination. The Department of Labor will accept payment in accordance with the following standards as compliance:

The contractor or subcontractor is required to furnish all employees with an adequate number of uniforms without cost or to reimburse employees for the actual cost of the uniforms. In addition, where uniform cleaning and maintenance is made the responsibility of the employee, all contractors and subcontractors subject to this wage determination shall (in the absence of a bona fide collective bargaining agreement providing for a different amount, or the furnishing of contrary affirmative proof as to the actual cost), reimburse all employees for such cleaning and maintenance at a rate of \$3.35 per week (or \$.67 cents per day). However, in those instances where the uniforms furnished are made of "wash and wear" materials, may be routinely washed and dried with other personal garments, and do not require any special treatment such as dry cleaning, daily washing, or commercial laundering in order to meet the cleanliness or appearance standards set by the terms of the Government contract, by the contractor, by law, or by the nature of the work, there is no requirement that employees be reimbursed for uniform maintenance costs.

**\*\* NOTES APPLYING TO THIS WAGE DETERMINATION \*\***

Under the policy and guidance contained in All Agency Memorandum No. 159, the Wage and Hour Division does not recognize, for section 4(c) purposes, prospective wage

rates and fringe benefit provisions that are effective only upon such contingencies as "approval of Wage and Hour, issuance of a wage determination, incorporation of the wage determination in the contract, adjusting the contract price, etc." (The relevant CBA section) in the collective bargaining agreement between (the parties) contains contingency language that Wage and Hour does not recognize as reflecting "arm's length negotiation" under section 4(c) of the Act and 29 C.F.R. 5.11(a) of the regulations. This wage determination therefore reflects the actual CBA wage rates and fringe benefits paid under the predecessor contract.

Source of Occupational Title and Descriptions:

The duties of employees under job titles listed are those described in the "Service Contract Act Directory of Occupations," Fourth Edition, January 1993, as amended by the Third Supplement, dated March 1997, unless otherwise indicated. This publication may be obtained from the Superintendent of Documents, at 202-783-3238, or by writing to the Superintendent of Documents, U.S. Government Printing Office, Washington, D.C. 20402. Copies of specific job descriptions may also be obtained from the appropriate contracting officer.

REQUEST FOR AUTHORIZATION OF ADDITIONAL CLASSIFICATION AND WAGE RATE  
{Standard Form  
1444 (SF 1444)}

Conformance Process:

The contracting officer shall require that any class of service employee which is not listed herein and which is to be employed under the contract (i.e., the work to be performed is not performed by any classification listed in the wage determination), be classified by the contractor so as to provide a reasonable relationship (i.e., appropriate level of skill comparison) between such unlisted classifications and the classifications listed in the wage determination. Such conformed classes of employees shall be paid the monetary wages and furnished the fringe benefits as are determined. Such conforming process shall be initiated by the contractor prior to the performance of contract work by such

unlisted class(es)  
of employees. The conformed classification, wage rate, and/or fringe  
benefits shall  
be retroactive to the commencement date of the contract. {See Section  
4.6 (C)(vi)}  
When multiple wage determinations are included in a contract, a separate  
SF 1444  
should be prepared for each wage determination to which a class(es) is  
to be  
conformed.

The process for preparing a conformance request is as follows:

- 1) When preparing the bid, the contractor identifies the need for a  
conformed  
occupation(s) and computes a proposed rate(s).
- 2) After contract award, the contractor prepares a written report  
listing in order  
proposed classification title(s), a Federal grade equivalency (FGE) for  
each  
proposed classification(s), job description(s), and rationale for  
proposed wage  
rate(s), including information regarding the agreement or disagreement  
of the  
authorized representative of the employees involved, or where there is  
no authorized  
representative, the employees themselves. This report should be  
submitted to the  
contracting officer no later than 30 days after such unlisted class(es)  
of employees  
performs any contract work.
- 3) The contracting officer reviews the proposed action and promptly  
submits a report  
of the action, together with the agency's recommendations and pertinent  
information including the position of the contractor and the employees,  
to the Wage  
and Hour Division, Employment Standards Administration, U.S. Department  
of Labor,  
for review. (See section 4.6(b)(2) of Regulations 29 CFR Part 4).
- 4) Within 30 days of receipt, the Wage and Hour Division approves,  
modifies, or  
disapproves the action via transmittal to the agency contracting  
officer, or  
notifies the contracting officer that additional time will be required  
to process the  
request.
- 5) The contracting officer transmits the Wage and Hour decision to the  
contractor.
- 6) The contractor informs the affected employees.

Information required by the Regulations must be submitted on SF 1444 or bond paper.

When preparing a conformance request, the "Service Contract Act Directory of Occupations" (the Directory) should be used to compare job definitions to insure that duties requested are not performed by a classification already listed in the wage determination. Remember, it is not the job title, but the required tasks that determine whether a class is included in an established wage determination. Conformances may not be used to artificially split, combine, or subdivide classifications listed in the wage determination.



## Government of the District of Columbia



# HUMAN CARE AGREEMENT CONTRACTOR QUALIFICATIONS RECORD

### STATUTORY AND REGULATORY AUTHORITY

*The Procurement Practices Human Care Agreement Amendment Act of 2000 (D.C. Law 13-155) authorizes the District of Columbia Chief Procurement Officer, or his or her designee, to award human care agreements for the procurement of social, health, human, and education services directly to individuals in the District. The Human Care Agreement Contractor Qualifications Record (CQR) is an application package that will facilitate the process of pre-qualifying contractors for a human care agreement with the District of Columbia in accordance with D.C. Law 13-155 and Chapter 19, 27 DCMR, the regulations.*

### GENERAL INSTRUCTIONS

1. Please read and complete each section of the Human Care Agreement Contractor Qualifications Record form. All information must be completed in the spaces provided, or marked "N/A."
2. An original signature must be provided in those sections where a signature is required. Copies or a stamped signature **is not** acceptable.
3. Included in the package that will be provided to you will be a copy of the "Standard Contract Provisions For Use With District of Columbia Government Supply and Services Contracts", dated November 2004. Please read this document carefully before you complete the Contractor's Qualifications Record. The "Standard Contract Provisions For Use With District of Columbia Government Supply and Services Contracts," dated November 2004, will be incorporated by reference into each Human Care Agreement that is entered into between a contractor that will provide human care services and the District of Columbia.
4. Also included in the package that will be provided to you will be forms required by the Department of Small and Local Business Development. You must complete those forms and return them with your package to make it complete and for you to be considered for a Human Care Agreement. The forms are for:
  - a. Compliance with Section 5 of Mayor's Order 85-85, "Equal Opportunity Obligations in Contracts" and
  - b. Compliance with Equal Opportunity for Local, Small and Disadvantaged Business Enterprises Amendment Act of 1998, as amended (D.C. Laws 12-268 and 13-169).
5. You may use Section VIII, the "Remarks Section", on page 6, to provide additional information or to expand on information that is provided in response to the request for information.
6. Please include and attach all information, documentation, and data as instructed and required.
7. In those instances where check boxes are provided, please check only the box or boxes which apply.

### CHECKLIST

<input type="checkbox"/>	Did you include your Taxpayer Identification Number?	<input type="checkbox"/>	Did you attach a copy of your most recent Financial Statement?
<input type="checkbox"/>	Did you attach the information required In Section III, Disclosure Information, on page 2?	<input type="checkbox"/>	Did you attach a copy of all licenses and certifications, including any specialty certifications?
<input type="checkbox"/>	Did you list all personnel critical to the performance of your Organization in Section VI	<input type="checkbox"/>	Are you providing a facility? Then, did you attach a copy of the Certificate of Occupancy for each facility?
<input type="checkbox"/>	Did you attach a Certificate of Incorporation, if applicable?	<input type="checkbox"/>	Did you attach a Certificate of Good Standing, if applicable?
<input type="checkbox"/>	Did you attach a copy of your LSDBE certification, if applicable?	<input type="checkbox"/>	Did you attach or include your salary history, if applicable?

### FREQUENTLY ASKED QUESTIONS

Q	Can I fax my application for processing?	A	No. Contractor Qualifications Records must contain original, not copied signatures.
Q	Is this form available electronically?	A	Yes, the Contractor Qualifications Record (CQR) is available on the Office of Contracting and Procurement web site, <a href="http://www.ocp@dc.gov">www.ocp@dc.gov</a> .
Q	Who or what is an Individual?	A	The term "individual" means a human person who may be licensed, certified, or otherwise authorized or qualified to perform or provide specific human care services. The individual may be solo practitioner or a part of a group.



<b>Q</b>	Who or what is an Organization?	<b>A</b>	The term "organization" means an entity, other than an individual, that is licensed, certified, or otherwise authorized, or qualified, to provide or perform human care services in the normal course of business. The license, certification, or other recognition is granted to the organization entity. Individual owners, managers, or employees of the organization may also be certified, licensed, or otherwise recognized as individual providers in their own right. Examples may include a corporation, joint venture, clinic, hospital, or partnership.



Government of the District of Columbia



HUMAN CARE AGREEMENT CONTRACTOR QUALIFICATIONS RECORD

<b>1. DATE OF FILING</b>  / /		<b>2. FILING TYPE:</b> <input type="checkbox"/> NEW REMOVAL <input type="checkbox"/> UPDATE <input type="checkbox"/> CORRECTION <input type="checkbox"/>		<b>FOR OCP USE ONLY:</b> <b>DATE RECEIVED BY OCP:</b>	
<b>SECTION I – GENERAL INFORMATION</b>					
<b>1. NAME OF INDIVIDUAL/ ORGANIZATION</b> a. Name: b. Title: c. Physical Street Address: d. City, State & Zip Code:		<b>2. TYPE OF ORGANIZATION</b> <i>(Please check the appropriate box.)</i> <input type="checkbox"/> INDIVIDUAL <input type="checkbox"/> JOINT VENTURE <input type="checkbox"/> CORPORATION <input type="checkbox"/> GENERAL PARTNERSHIP <input type="checkbox"/> SOLE PROPRIETORSHIP <input type="checkbox"/> LIMITED PARTNERSHIP			
		<b>3. STATE OF INCORPORATION</b> <i>(Please check the appropriate box.)</i> <input type="checkbox"/> DISTRICT OF COLUMBIA <input type="checkbox"/> COMMONWEALTH OF VIRGINIA <input type="checkbox"/> STATE OF MARYLAND <input type="checkbox"/> STATE OF DELAWARE <input type="checkbox"/> OTHER: _____ Date Of: _____			
e. Office Phone:		f. Office Facsimile No:		<b>3. IS ORGANIZATION?</b> <input type="checkbox"/> FOR PROFIT <input type="checkbox"/> NON-PROFIT	
g. E-Mail:					
<b>5. SOCIAL SEC. / TAXPAYER ID NO:</b>		<b>6. DUNN &amp; Bradstreet No:</b>		<b>7. ARE YOU OR THE ORGANIZATION CERTIFIED IN D.C. AS?</b> <input type="checkbox"/> Small <input type="checkbox"/> Local <input type="checkbox"/> Disadvantaged <input type="checkbox"/> Resident-Owned <input type="checkbox"/> Enterprise Zone <input type="checkbox"/> Longtime Resident	
<b>SECTION II – FINANCIAL RESPONSIBILITY INFORMATION</b> <i>(Please Provide and Attach a Copy of Your Most Recent Financial Statement.)</i>					
<b>1. Name and Address of Accountant:</b>		<b>2. Name and Address of Financial Institution:</b>			
<b>3. Name and Title of Contact Person:</b>		<b>4. Name and Title of Contact Person:</b>			
<b>5. Telephone No.:</b>		<b>6. Fax No.:</b>		<b>7. Telephone No.:</b>	
				<b>8. Fax No.:</b>	
<b>9. Date Of Attached Financial Statement (Must be Within Last 12 Months):</b>		<b>10. Do You/Organization Owe Any Outstanding District/Federal Taxes:</b> District Taxes: <input type="checkbox"/> NO <input type="checkbox"/> YES - Federal Taxes: <input type="checkbox"/> NO <input type="checkbox"/> YES			
<b>11. MEDICAID – MEDICARE INFORMATION:</b> a. Are You / Organization a Certified Medicaid Provider? <input type="checkbox"/> YES <input type="checkbox"/> NO Medicaid Number: _____ Date: _____ b. Are You / Organization a Certified Medicare Provider? <input type="checkbox"/> YES <input type="checkbox"/> NO Medicare Number: _____ Date: _____					
<b>SECTION III – DISCLOSURE INFORMATION</b> <i>(If yes to any questions below, please explain fully in REMARKS SECTION, or attach a separate statement. )</i>					

1.	Have you or the Organization ever been debarred, suspended or sanctioned from any state or federal program?	<input type="checkbox"/> YES	<input type="checkbox"/> NO
2.	Is your license, or any in the organization currently suspended or restricted in any way?	<input type="checkbox"/> YES	<input type="checkbox"/> NO
3.	Have you or the principals of the Organization ever been, indicted, convicted of or pled guilty to a crime (excluding minor traffic citation), or been imprisoned for a crime in the past 10 years.:	<input type="checkbox"/> YES	<input type="checkbox"/> NO
4.	Are there any judgments, or pending civil lawsuits, or investigations against you or the Organization, or its principals?:	<input type="checkbox"/> YES	<input type="checkbox"/> NO
5.	Have you or the Organization ever had any outstanding criminal fines, restitution orders, or overpayments identified in the District or any state?:	<input type="checkbox"/> YES	<input type="checkbox"/> NO
6.	Are you, or is anyone in your organization, related by blood or marriage to any individual employed by the District government?:	<input type="checkbox"/> YES	<input type="checkbox"/> NO

## SECTION IV – ORGANIZATION HISTORY, BACKGROUND AND EXPERIENCE

### 1. List All Contracts With the District Government Within the Past Five (5) Years:

	Agency	Description of Service	Amount	Dates	Contract Number
A				to	
B				to	
C				to	
D				to	
E				to	

(Please Use and Attach a Separate Sheet for Additional Items.)

### 2. List All Contracts With Other Governments or Private Institutions Within the Past Five (5) Years:

	Agency	Description of Service	Amount	Dates	Contract Number
A				to	
B				to	
C				to	
D				to	
E				to	

(Please Use and Attach a Separate Sheet for Additional Items.)

### 3. If You Are Applying As An INDIVIDUAL, Please List Your Employment Or Work History for past five (5) years:

	Name of Employer	Address	Duties	Name of Supervisor	Dates of Employment	Telephone
A					to	
B					to	
C					to	
D					to	
E					to	
F					to	

(Please Use and Attach a Separate Sheet for Salary History and Additional Items.)

### 4. List At Least Five (5) References Familiar With Service Delivery:

	Name	Title/Position	Affiliation	Telephone	Fax	E-Mail
A						
B						
C						
D						
E						

(Please Use and Attach a Separate Sheet for Additional Items.)

<b>4. ARE YOU A UNITED STATES CITIZEN?</b> <input type="checkbox"/> YES <input type="checkbox"/> NO	<b>5. ARE YOU A PERMANENT RESIDENT?</b> <i>(Please Attach Documentation To Support)</i> <input type="checkbox"/> YES <input type="checkbox"/> NO	<b>6. IF YOU ARE NOT A CITIZEN, CAN YOU PROVIDE AND SUBMIT VERIFICATION OF YOUR LEGAL RIGHT TO WORK IN THE UNITED STATES?</b> <i>(Please Attach Documentation To Support.)</i> <input type="checkbox"/> YES <input type="checkbox"/> NO
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### SECTION V – EDUCATION, CREDENTIALS AND LICENSURE

1. Please List All Colleges (Undergraduate and Graduate) and Professional Institutions Attended:					
	Chief Study Subject Area	Name of College, University or Professional School	Address and Zip Code	Dates Attended	Date And Type Degree Awarded
A				To	
B				To	
C				To	
D				To	
E				To	

*(Please Use and Attach a Separate Sheet for Additional Items.)*

2. Please List All Professional Certifications and Licenses (Copies Must Be Attached):						
	License/Certification	Agency/Entity	State	Number	Effective Dates	Date Issued
A					to	
B					to	
C					to	
D					to	
E					to	

*(Please Use and Attach a Separate Sheet for Additional Items.)*

3. Please List All Specialty, Certifications and Licenses (Copies Must Be Attached):						
	Specialty License/Certification	Agency /Entity	State	Number	Effective Dates	Date Issued
A					to	
B					to	
C					to	
D					to	

*(Please Use and Attach a Separate Sheet for Additional Items.)*

<b>4. HAVE YOU OR ANY MEMBER OF THE ORGANIZATION EVER HAD ANY LICENSE, CERTIFICATION OR CREDENTIAL REVOKED OR SUSPENDED?</b> <input type="checkbox"/> YES <input type="checkbox"/> NO <i>(If yes, please explain in REMARKS SECTION, or attach a detailed explanation, including dates, type of license, certification, credential and all circumstances surrounding the event(s).)</i> <i>(Please Use and Attach a Separate Sheet for Additional Items.)</i>
---

5. Please list any hospital affiliations or privileges below:						
	Name of Individuals(s)	Name of Hospital	Address	Type Privilege/Affiliation	Telephone	Fax No.
A						
B						
C						
D						

(Please Use and Attach a Separate Sheet for Additional Items.)

6. HAVE YOU OR ANY MEMBER OF THE ORGANIZATION EVER HAD ANY HOSPITAL PRIVILEGES REVOKED, FOR ANY REASON? ☐ YES ☐ NO

(If yes, please explain in REMARKS SECTION, or attach a detailed explanation, including dates, type of license, certification, credential and all circumstances surrounding the event(s).)

**SECTION VI – SERVICE DATA AND INFORMATION**

1. GENERAL SERVICE CATEGORIES: Please Check Each Of The General Service Categories For Which You Or The Organization Are Applying.

- |  |   |   |
|--|---|---|
| <input type="checkbox"/> Education (EDS)         | <input type="checkbox"/> Human Services (HUM) | <input type="checkbox"/> Social Services (SOC)        |
| <input type="checkbox"/> Special Education (SED) | <input type="checkbox"/> Mental Health (MEN)  | <input type="checkbox"/> Youth/Juvenile Justice (JUV) |
| <input type="checkbox"/> Health (HTH)            | <input type="checkbox"/> Psychology (PSY)     | <input type="checkbox"/> _____                        |

2. POPULATIONS: Please Check All That Apply For Populations.

- |   |   |   |   |
|---|---|---|---|
| <input type="checkbox"/> Children & Youth (CYG)             | <input type="checkbox"/> Adults (ADT)                     | <input type="checkbox"/> Developmentally Disabled (DVD) | <input type="checkbox"/> Homeless (HLS)         |
| <input type="checkbox"/> Children & Youth-Detained (CYD)    | <input type="checkbox"/> Adult Forensic-Psychiatric (AFP) | <input type="checkbox"/> Geriatric (GER)                | <input type="checkbox"/> Multicultural (MLT)    |
| <input type="checkbox"/> Children & Youth-Committed (CYC)   | <input type="checkbox"/> Adult Forensic-Correctional (FC) | <input type="checkbox"/> Pregnant Women (PGW)           | <input type="checkbox"/> HIV/AIDS (HIV)         |
| <input type="checkbox"/> Children & Youth-Supervision (CYS) | <input type="checkbox"/> Physically Disabled (DIS)        | <input type="checkbox"/> Hearing Impaired (HIM)         | <input type="checkbox"/> Dually Diagnosed (DUD) |
| <input type="checkbox"/> Special Education (SED)            | <input type="checkbox"/> Mentally Retarded (MRD)          | <input type="checkbox"/> Blind/Visually Impaired (BLD)  | <input type="checkbox"/> _____                  |

3. SETTING CODES: Please Check The Settings Where You Or The Organization Can Or Will Provide Service.

(If You Or The Organization Has A Facility, Then A Certificate of Occupancy Must Be Included and Attached.)

- |   |  |  |  |
|---|--|--|--|
| <input type="checkbox"/> Addiction Treatment Facility (ADF) | <input type="checkbox"/> Foster Care Home (FCH)          | <input type="checkbox"/> Homeless Shelter (HOS)        | <input type="checkbox"/> Nursing Care Facility (NCF)         |
| <input type="checkbox"/> Ambulatory Care/Surg Center (AMB)  | <input type="checkbox"/> Detention Facility–Youth (DFY)  | <input type="checkbox"/> In the Field (FLD)            | <input type="checkbox"/> Outpatient Clinic (OTC)             |
| <input type="checkbox"/> Child Development Center (CDC)     | <input type="checkbox"/> Detention Facility –Adult (DFA) | <input type="checkbox"/> Inpatient-Psychiatric (INP)   | <input type="checkbox"/> Private Home (PRH)                  |
| <input type="checkbox"/> Comm Day Program (CDP)             | <input type="checkbox"/> Dialysis Center (DIA)           | <input type="checkbox"/> Inpatient-Medical (INM)       | <input type="checkbox"/> Provider's Office or Facility (POF) |
| <input type="checkbox"/> Comm Health Center (CHC)           | <input type="checkbox"/> Group Home –Youth (YGH)         | <input type="checkbox"/> Intermed Care Center-MR (IMR) | <input type="checkbox"/> School (SCH)                        |
| <input type="checkbox"/> Comm Residential Facility (CRF)    | <input type="checkbox"/> Group Home-MR (MGH)             | <input type="checkbox"/> Laboratory (LAB)              | <input type="checkbox"/> _____                               |
| <input type="checkbox"/> Crisis Center (CRC)                |  |  |  |

4. SPECIFIC SERVICE CATEGORIES: Please Check the Specific Service Categories That Apply To You or The Organization in which you are qualified, including licenses, or certified, to provide services:

- |  |  |  |
|--|--|--|
| <input type="checkbox"/> Addiction Treatment Services (ADT)          | <input type="checkbox"/> Dental Services (DEN)               | <input type="checkbox"/> Personal Care Services (PCS)        |
| <input type="checkbox"/> Allergy (ALG)                               | <input type="checkbox"/> Dialysis Services (DIA)             | <input type="checkbox"/> Physical Therapy (PTH)              |
| <input type="checkbox"/> Addiction Treatment Services (ADT)          | <input type="checkbox"/> Early Childhood Intervention (ECI)  | <input type="checkbox"/> Podiatry (POD)                      |
| <input type="checkbox"/> Assessment/Diagnosis (ASS)                  | <input type="checkbox"/> EPSDT Screening (EPS)               | <input type="checkbox"/> Pre-Natal Services (PNA)            |
| <input type="checkbox"/> Audiology (AUD)                             | <input type="checkbox"/> Family Services (FAM)               | <input type="checkbox"/> Psychological Services (PSC)        |
| <input type="checkbox"/> Assessment Diagnosis (ASD)                  | <input type="checkbox"/> Homemaker Services (HOM)            | <input type="checkbox"/> Psychiatric (PSY)                   |
| <input type="checkbox"/> Birthing Services (BIR)                     | <input type="checkbox"/> Dental Hygienist (DHY)              | <input type="checkbox"/> Recreation Therapy (RTH)            |
| <input type="checkbox"/> Case Management-Family Services (CMF)       | <input type="checkbox"/> Laboratory Screening Services (LAB) | <input type="checkbox"/> Respiratory Care Services (RES)     |
| <input type="checkbox"/> Case Management-Medical (CMM)               | <input type="checkbox"/> Mental Health (MEN)                 | <input type="checkbox"/> Respite Care (RSC)                  |
| <input type="checkbox"/> Case Management-Social (CMS)                | <input type="checkbox"/> Midwifery (MID)                     | <input type="checkbox"/> Supported Employment Services (SES) |
| <input type="checkbox"/> Child Care Services (DAY)                   | <input type="checkbox"/> Music Therapy (MTH)                 | <input type="checkbox"/> Social Worker Services (SWS)        |
| <input type="checkbox"/> Chore Services (CHR)                        | <input type="checkbox"/> Neurology (NEU)                     | <input type="checkbox"/> Speech Therapy (STH)                |
| <input type="checkbox"/> Consulting (CON)                            | <input type="checkbox"/> Nutrition and Dietary (NUT)         | <input type="checkbox"/> Transportation Services (TRS)       |
| <input type="checkbox"/> Counseling Services (CSL)                   | <input type="checkbox"/> Occupational Therapy (OTH)          | <input type="checkbox"/> Visiting Nurse (home) (VIS)         |
| <input type="checkbox"/> Crisis Intervention Services (CRI)          | <input type="checkbox"/> Optometry (OPT)                     | <input type="checkbox"/> Vocational Rehabilitation (VOC)     |
| <input type="checkbox"/> Day Treatment Services (Habilitation) (DTR) | <input type="checkbox"/> Pediatric (PED)                     | <input type="checkbox"/> _____                               |

5. LICENSURE AND CERTIFICATION CATEGORIES: Please Check All of the Licensure and Certification categories that Apply to You or the Organization in which you are qualified, And Are Licensed Or Certified To Provide Services:

- |   |   |  |
|---|---|--|
| <input type="checkbox"/> Acupuncture Therapist (ACC)              | <input type="checkbox"/> Massage Therapy (MAS)          | <input type="checkbox"/> Physician (DOC)               |
| <input type="checkbox"/> Advanced Practice Registered Nurse (ARN) | <input type="checkbox"/> Naturopathy (NAT)              | <input type="checkbox"/> Physician Assistant (PAS)     |
| <input type="checkbox"/> Architect (ARC)                          | <input type="checkbox"/> Nurse-Anesthetist (RNA)        | <input type="checkbox"/> Podiatrist (POD)              |
| <input type="checkbox"/> Audiologist (AUD)                        | <input type="checkbox"/> Nurse-Midwife (RNM)            | <input type="checkbox"/> Practical Nursing (LPN)       |
| <input type="checkbox"/> Certificate of Occupancy (COO)           | <input type="checkbox"/> Nurse Practitioner (RNP)       | <input type="checkbox"/> Professional Counseling (PRO) |
| <input type="checkbox"/> Child Development (CHD)                  | <input type="checkbox"/> Nutritionist & Dietician (NUT) | <input type="checkbox"/> Psychologist (PSC)            |
| <input type="checkbox"/> Dental Hygienist (DHY)                   | <input type="checkbox"/> Obstetrician (OBS)             | <input type="checkbox"/> Psychiatrist (PSY)            |
| <input type="checkbox"/> Dentist (DEN)                            | <input type="checkbox"/> Occupational Therapist (OTH)   | <input type="checkbox"/> Registered Nurse (RNN)        |
| <input type="checkbox"/> Chiropractor (CHP)                       | <input type="checkbox"/> Optometrist (OPT)              | <input type="checkbox"/> Respiratory Care (RES)        |
| <input type="checkbox"/> Foster Care Provider (FOS)               | <input type="checkbox"/> Ophthalmology (OPG)            | <input type="checkbox"/> Social Worker-Clinical (SWC)  |
| <input type="checkbox"/> Funeral Directors (FUN)                  | <input type="checkbox"/> Pharmacist (PHM)               | <input type="checkbox"/> Social Worker (SWS)           |
| <input type="checkbox"/> Gynecology (GYN)                         | <input type="checkbox"/> Physical Therapist (PTH)       | <input type="checkbox"/> _____                         |

6. LANGUAGE SKILLS: Please Check All that Apply for Your Or The Organization's Language Skills:

- |   |   |  |
|---|---|--|
| <input type="checkbox"/> English (ENG)                      | <input type="checkbox"/> French (FRN)         | <input type="checkbox"/> Chinese–Cantonese (CCA)   |
| <input type="checkbox"/> Spanish (SPN)                      | <input type="checkbox"/> Haitian Creole (CRE) | <input type="checkbox"/> Chinese-Mandarin (CMA)    |
| <input type="checkbox"/> International/Universal Sign (SGN) | <input type="checkbox"/> Vietnamese (VTN)     | <input type="checkbox"/> Ethiopian (Amharic) (AMH) |
| <input type="checkbox"/> Italian (ITL)                      | <input type="checkbox"/> Korean (KOR)         | <input type="checkbox"/> _____                     |

**SECTION VII – PERSONNEL CRITICAL TO ORGANIZATION PERFORMANCE**

1. Please list All of the Personnel In your Organization Who Are Critical To organization Performance. Please List Officers, Clinical Directors, Medical Directors, Service Supervisors, and Sub-Contractors Essential to the Performance of Services in this Qualifications Record and Attach Resumes Coded to this Section. Attach Any Copies of Licenses, Certifications, or Credentials Where Applicable.:

	Name	Title/Position	Affiliation	Telephone	Fax	E-Mail
A						

B						
C						
D						



**SECTION VIII – REMARKS SECTION**

1. Please use this section to respond to or to continue to response to any previous question, or request for information. In addition, please feel free to use this section to provide additional information vital to determining your or the organizations qualifications to enter into a Human Care Service Agreement with the District of Columbia

**SECTION IX – CERTIFICATIONS AND INCORPORATIONS BY REFERENCE**

**1. DRUG-FREE WORKPLACE CERTIFICATION:** *Please provide Certification That You Or The Organization Does Or Will Operate In A Drug-Free Manner.*

I/We, \_\_\_\_\_ of \_\_\_\_\_

Hereby give, affirm and provide certification that I/We have received and have read the requirements on having and maintaining a Drug-Free Workplace in the District of Columbia, agree to be bound by those requirements and the remedies stated in the requirements, and further certify that I/We realize that making a false, fictitious, or fraudulent certification may render the maker subject to prosecution under Title 18, United States Code, Section 1001.

Name (Please Print)	Title	Signature	Date

*(May be signed on behalf of individual or organization.)*

**2. STANDARD CONTRACT PROVISIONS FOR USE WITH DISTRICT OF COLUMBIA SUPPLY AND SERVICES CONTRACTS:** *Please provide Certification That You Or The Organization Agree To Be Bound By the Standard Contract Provisions of the District of Columbia.*

I/We, \_\_\_\_\_ of \_\_\_\_\_

Hereby give, affirm and provide certification that I/we have received and have read the Standard Contract Provisions For Use With District of Columbia Government and Supply Contracts ("Standard Contract Provisions"), dated November 2004, and agree to be bound by all of the provisions, including The requirements of the Occupational Safety and Health Act of 1970 (as amended), the Service Contract Act of 1965 (41 U.S.C. 351-358), the Buy America Act (41 U.S.C.), and the Non-Discrimination provisions. Further, I/We agree and understand that the Standard Contract Provisions shall be Incorporated by reference into any contract or agreement that shall be signed between Me, or My Organization, and the District of Columbia.

Name (Please Print)	Title	Signature	Date

**3. INFORMATION CONSENT:** *Please Provide Certification That You Or The Organization Provide Consent To The District To Obtain Additional Information As Needed.*

I/We, \_\_\_\_\_ of \_\_\_\_\_

Hereby give, provide and express my consent for representatives of the Office of Contracting and Procurement, Government of the District of Columbia, to obtain any information from any professional organization, business entity, individual, government agency, or academic institution concerning the Professional license status or certification referenced in this document. This material shall be held, maintained and updated by the Office of Contracting and Procurement. I further understand that the Office of Contracting and Procurement will use this information solely for internal purposes pertaining to the evaluation of the qualifications of individuals and organizations to provide human care services, as appropriate, in the District of Columbia.

Name (Please Print)	Title	Signature	Date
---------------------	-------	-----------	------

SECTION XI – TAX CERTIFICATION AFFIDAVIT

1. TAX CERTIFICATION: Please Provide Certification That You Or The Organization Is In Tax Compliance In the District of Columbia.

Name of Individual/Organization:

Federal Tax Identification or Social Security No.: DUNS No.:

Office of Tax and Revenue Registration No.:

Unemployment Insurance Account No.:

Names and Addresses of Principal Officers of Corporation: 1.

2.

3.

I / We, hereby certify That:

1. I / We have complied with the applicable tax filing and licensing requirements of the District of Columbia.

2. The following information is true and correct concerning tax compliance for the following taxes for the past five (5) years:

District:

Sales and Use

Employer Withholding

Unemployment Insurance

Hotel Occupancy

Corporation Franchise

Unincorporated Franchise

Personal Property

Professional License

Arena/Public Safety Fee

Vendor Fee

Real Property

Current

Not Current

Not Applicable

☐

☐

☐

☐

☐

☐

☐

☐

☐

☐

☐

District of Columbia Human Care Agreement Contractor Qualifications Record
Page 12

DCOCP FORM 1900-V11205

3. If not current, as checked in paragraph 2, I am / We are in compliance with a payment agreement with the Office of Tax and Revenue, Office of the Chief Financial Officer. *(Please Attach A Copy of the Agreement.)* ☐ YES ☐ NO
4. If no outstanding liabilities exists and no agreement has been made, please attach a listing of all such liabilities. The Office of Tax and Revenue also requires:
- (A) Copies of Form FR 532 (Notice of Registration) or a copy of Form FR-500 (Combined Registration).
- (B) Copies of cancelled checks for the last tax period(s) filed for each tax liability, i.e., Sales and Use, Employer Withholding, etc.)

The Government of the District of Columbia is hereby authorized to verify the above information with appropriate government authorities. The penalty for making false statements is a fine of not more than \$1,000.00, imprisonment for not more than one (1) year, or both, as prescribed in D.C. Code, section 22-2514. The penalty for false swearing is a fine of not more than \$2,500.00, imprisonment for not more than three (3) years, or both, as prescribed in D.C. Code, section 22-2513.

\_\_\_\_\_  
*Signature*

\_\_\_\_\_  
*Title*

Subscribed and sworn before me on this \_\_\_\_\_ day of \_\_\_\_\_, \_\_\_\_\_.

Notary Public: \_\_\_\_\_

My Commission Expires on: \_\_\_\_\_

SEAL

**SECTION XII – AFFIDAVIT AS TO ACCURATENESS AND TRUTHFULNESS**

I, \_\_\_\_\_ of being duly sworn on oath, certify that  
I am authorized to sign this document and that all of the information contained in this Human Care Agreement Contractor  
Qualifications Record is complete, true and accurate.

\_\_\_\_\_  
*Signature*

\_\_\_\_\_  
*Title*

Subscribed and sworn before me on this \_\_\_\_\_ day of \_\_\_\_\_, \_\_\_\_\_.

Notary Public: \_\_\_\_\_

My Commission Expires on: \_\_\_\_\_

SEAL